



Creek Nation
Eufaula Dormitory

OFFICE OF THE ADMINISTRATION
DIVISION OF HUMAN DEVELOPMENT

Dear Parent/Guardian:

Enclosed you will find an application for enrollment at Creek Nation Eufaula Dormitory. Please complete and sign each page and return it to us as soon as possible.

In addition to the completed application, we require the following documentation:

1. **CDIB CARD:** A copy of the Certificate of Degree of Indian Blood is required; if less than 1/4 degree, a copy of the membership or citizenship card is also required. **State Certified Birth Certificate** is also requested to verify name and date of birth on CDIB.
2. **SOCIAL SECURITY CARD:** The social security number has been designated as the official identification number for our students.
3. **IMMUNIZATION RECORD:** State law requires a copy of this record to be on file upon enrollment.
4. **TRANSCRIPT/PROOF OF GRADE:** Student's transcript and/or last report cards must accompany the application.
5. **PHYSICAL:** To be completed by a physician if student has special medical problems that we need to be aware of. All new students must obtain a physical before entering the dormitory.
6. **INSURANCE CARD (Front and Back Copy), MEDICAID OR SOONER CARE CARD, if applicable.**

Office Phone 918/689-2522
Toll-Free 800/896-3181
Fax 918/689-2438

UNITED STATES DEPARTMENT OF THE INTERIOR
Bureau of Indian Affairs
CREEK NATION EUFAULA DORMITORY
716 Swadley Drive
Eufaula, OK 74432
918/689-2522

STUDENT ENROLLMENT APPLICATION

Grade Applying For: _____

Failure to provide accurate information or falsification of information may result in your release from Creek Nation Eufaula Dormitory.

1. IDENTIFICATION: Social Security Number: _____

NAME OF STUDENT: _____
Last First Middle

Address: P. O. Box _____ Street _____
City _____ State _____ Zip Code _____

Date of Birth: _____ Place of Birth: _____
Month Day Year City State

Tribal Affiliation: _____ Degree Indian: _____ Enrollment Number _____
(A copy of your Certificate of Degree of Indian Blood must be attached.)

Sex: Male () Female () Religious Affiliation (Optional): _____

2. PARENT/GUARDIAN INFORMATION

With whom do you live: () Both Parents () Mother () Father () Other _____

Father Name: _____	Mother Name: _____
Address: _____	Address: _____
City: _____ State _____ Zip: _____	City: _____ State: _____ Zip: _____
Tribal Affiliation: _____	Tribal Affiliation: _____
Home Phone: () _____	Home Phone: () _____
Work Phone: () _____	Work Phone: () _____
Emer. Phone: () _____	Emer. Phone: () _____
Name of person/contract at emergency number: _____	

Guardian Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: () Work Phone: ()

I am legally responsible for this student and hereby apply for his/her admission to this school. I understand that additional information may be requested by the school before this student is admitted.

Date _____

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____

Eufaula Dormitory photographs, videotapes or records students and activities for promotional purposes in the community. If **you do not want** your child photographed, videotaped or recorded for any reason, please sign below.

Parent/Guardian Signature _____

Date _____

For reasonable cause and essential in assuring the health and safety of all students, Creek Nation Eufaula Dormitory staff, acting in loco parentis as legal custodians of the school property, may at their discretion exercise search and seizure activities. Such search and seizure activities shall be in compliance with 25 CFR - Part 42.3, (b), "Rights of the Individual Student".

Shoplifting Policy: The store/vendor may demand full reimbursement and damages. The vendor demand letter will be forwarded to the student and parent/guardian.

4. BUREAU USE ONLY

A. I certify that the above student is _____ degree of Indian blood.

Signature of Agency Official

Title

Date

B. CRITERIA FOR BOARDING SCHOOL

Favorable action is recommended upon this application because this case conforms to the following criteria for boarding school or out of boundary enrollment. If this application is for an off-reservation boarding school and for social reasons, a social summary should accompany this application.

Check all applicable criteria.

EDUCATION FACTORS

Federal/public schools near student's home:

() Grade level not offered..

() Are severely overcrowded.

() Exceed 1 ½ mile walking distance to school or bus route.

() Do not offer special vocational - preparatory training necessary for gainful employment.

() Do not offer adequate provisions to meet academic deficiencies or linguistic/cultural differences.

() Receiving School offers special academic program needed by student.

SOCIAL FACTORS

In his/her family environment, the student:

() Was rejected or neglected.

() Does not receive adequate parental supervision.

() Well being was imperiled due to family behavioral problems.

() Has behavioral problems too difficult for solution by family or local resources.

() Has siblings or other close relative enrolled who would be adversely affected by separation.

Signed: _____

Signature of Social Services Official

Date

Signed: _____

Signature of Education Official

Date

C. School Application:

Approved: _____ Not Approved: _____

Principal/Registrar

Date

SOCIAL SUMMARY

1. Student's Legal Name _____ Phone Number - Home _____
2. Date of Birth _____ Work _____
3. Parent or Guardian _____
4. Who has legal custody? _____
5. Address _____
6. Explain in detail reason for placement and did a specific event lead to this admission: _____

PERSONAL INFORMATION

FAMILY RELATED

1. Mother _____
2. Father _____
3. Brothers and Sisters:

	Male	Female	Dob	
	Male	Female	Dob	
	Male	Female	Dob	
	Male	Female	Dob	
4. How many people live in the home? _____
5. Was the pregnancy normal? Yes _____ No _____
6. Was alcohol or drugs used during pregnancy? Yes _____ No _____
7. During the child's developmental stages, was any behavior unusual? _____
If yes, please specify: (for example: problems with toilet training or difficulty with language) _____

8. Explain child/parent relationship: _____
9. What is the form of discipline used on the child? _____
10. What is the child's response to discipline? _____
11. Who disciplines the child? _____
12. Tell us about the relationships in the family, the current living situation, and how child feels toward his/her sisters and brothers? _____
Father (or adult male in home) _____
Mother (or adult female in home) _____
13. How will you, the parents, contribute to the child's emotional well being? _____

14. Check those behavioral area(s) in which your child is experiencing difficulties.

<input type="checkbox"/> Lying	<input type="checkbox"/> Running Away	<input type="checkbox"/> Curfew
<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Sexual Abuse
<input type="checkbox"/> Throw/Breaks Things	<input type="checkbox"/> Sleeping Patterns	<input type="checkbox"/> Sneaking Out
<input type="checkbox"/> Trust	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Eating Patterns
<input type="checkbox"/> Self-Esteem		

15. Does your child have any hobbies? _____ If so, what? _____
and have his/her hobbies recently changed? _____
16. Have you noticed any behavioral changes linked to drug use? _____
17. As far as you know, what drugs or alcohol has your child used? _____
18. How often does your child use drugs? _____
19. How long has your child used drugs? _____
20. Does your child admit drug usage or has ever been under the influence in front of you? _____
21. Does anyone in your family have a problem with alcohol or drugs? _____
22. Is your child involved in gang activity or associates with gang members? _____

COURT RELATED

1. Has child had any contact with the court or juvenile authorities? (Arrested, jail, DHS, child protection custody, Indian Child Welfare) _____ If yes, why is child under a court order? _____
What county? _____ (If yes, a copy of the court order is required as part of the application.)
2. Is child being seen by a probation officer or social worker? _____ If so, what is the person's name, address (office) and telephone number? _____
3. Has the child seen or is now seeing a counselor, doctor, psychologist, psychiatrist or therapist? _____
If so, what is the reason and who are they seeing? _____
4. Are there any evaluations such as:
Psychiatric _____ Where _____ Date _____
Psychological Tests _____ Where _____ Date _____
IQ Tests _____ Where _____ Date _____
5. Has the child had a stressful event in his/her life such as: parental separation, divorce, death, hospitalization, abuse or emotional stress? _____
6. Number of family moves in child's life _____ Length of residence in present home _____
7. Does child have any strong fears? _____
8. How does the child feel about living in a dormitory atmosphere? _____
9. Is there any family involvement or problems with the following:
Substance Abuse/Alcohol (who and explain): _____
Child Abuse (includes physical, sexual, emotional) (who and explain): _____
Deprivation (who and explain): _____
Legal problems (who and explain): _____

10. Child is being raised by:
- | | |
|--|---|
| <input type="checkbox"/> Natural Parents | <input type="checkbox"/> Parent and Step-Parent |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Adoptive |
| <input type="checkbox"/> Foster Parents | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Institution | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Other | |

HEALTH RELATED

1. Is child allergic to any type of medication? _____ If so, what? _____
2. Does child have any medical problems which interfere with school attendance and/or needs medical care while in school? _____ If so, explain _____
3. Does your child wear glasses? _____ Hearing or eye problems? _____
4. Does child have any emotional problems that we need to be aware of? (Suicidal tendencies, depression, etc.) _____ If so, explain _____

EDUCATION RELATED

1. Has child ever attended boarding school before? _____ Where _____
When _____
2. Has child **ever** been suspended and/or expelled from public or boarding school? _____ If yes, give the reason for the suspension or expulsion: _____
3. Has child missed more than 0-15 days, 16-25 days, 25-50+ days of school this past year? (Circle)
4. What school subjects will child need help? _____
5. Has child received services in the following: Yes _____ No _____ (Circle all that apply)
Special Education Gifted & Talented Chapter I Tutoring Other _____
6. What type of relationship did child have with his teachers? _____
7. What kind of relationship did child have with his friends and other classmates? _____
8. Did child participate in extracurricular activities at school? (band, sports, etc.) _____
If so, what? _____
9. Any other information our program may need to know regarding this student: _____

I, _____, agree to abide by the rules and regulations of Creek Nation Eufaula Boarding School.

Parent: _____
Date: _____

(Parent/Guardian and Student should complete the above together. All of the information you have given is true to the best of your ability. **Before the student is accepted, information will be confirmed.** I understand Creek Nation Eufaula Dormitory will call the student's previous schools or social agencies to confirm the information given on the application.)

AUTHORIZATION FOR TREATMENT

AND

DISCLOSURE OF CLINICAL INFORMATION

I am legally responsible for _____ and hereby give consent for any medical, dental, counseling, or drug/alcohol abuse treatment that becomes necessary while my child is in school. I also approve such inoculations and treatments in the field of preventive medicine as may be deemed necessary by medical personnel.

Consent is also given for the disclosure and exchange of pertinent information essential for medical treatment, drug/alcohol treatment, or counseling services. This information will be interchanged between the Health Services and Creek Nation Eufaula Dormitory staff beginning August 12, 2003 and ending May 31, 2004.

Signature of Parent/Guardian: _____

Relationship: _____ Phone: _____

Address: _____
 Street City State Zip

Date: _____

CONSENT FOR RELEASE OF EDUCATION RECORDS

Send records for the following student to:

Creek Nation Eufaula Dormitory
Attn: Registrar
716 Swadley Drive
Eufaula, OK 74432

Student Name: _____ Date of Birth: _____

I am requesting all educational records from:

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

Progress Reports: to include transcript of grades, records of attendance, test results related to achievement and measurement of ability

Health Records: Immunization and other health related records

Behavior Records: to include psychological tests, personality evaluations, and records of suspension or expulsion

Special Ed Records: to include speech and language evaluations, educational assessment, Child Study Team reports and most recent IEP

I hereby authorize the release of all records for the above named student to Creek Nation Eufaula Dormitory.

Signature of Parent/Guardian

Or

Date

Norma Lee, Enrollment Clerk

Date